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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE JMH

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE JMH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: JMH	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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## TITLE

Portable light box

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